

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	COURT CASE NUMBER
RAYMOND L. BRUTON	06-736 (SLR)
DEFENDANT	TYPE OF PROCESS
JOSEPH BIDEN III (et. al.)	COMPLAINT

<b>SERVE</b> ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	JOSEPH BIDEN III, ATTORNEY GENERAL
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	8th Floor, Carvel State Office Bld., 820 N. French St. Wilm., DE 19801

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Raymond L. Bruton  
SBI# 069025  
H.R Y.C.I.  
P.O.Box 9561  
Wilmington, DE 19809

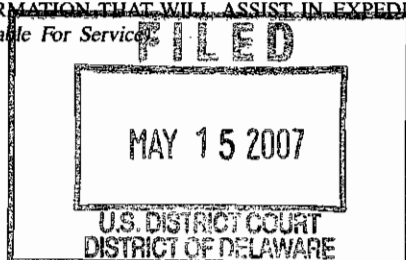
Number of process to be served with this Form - 285	1
Number of parties to be served in this case	6
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service)

Fold

Fold

PAUPER CASE



6

Signature of Attorney or other Originator requesting service on behalf of:

Raymond L. Bruton

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

March 7, 2007

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk BF	Date 4-18-07
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

LEAH BRADY, STATE SOLICITOR

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service	Time
5-11-07	9:00 am

Signature of U.S. Marshal or Deputy

Service Fee 4500	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges 4500	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: